MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE 10/ 566476 APPLICANT(S) FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER AFTER AFTER AS FILED **AS FILED** 1" AMENDMENT 2 nd AMENDMENT 1st AMENDMENT 2 ad AMENDMENT IND. DEP. IND. DEP. DEP. IND. IND. DEP. IND. DEP. IND. DEP.

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